

Fill in this information to identify your case:

Debtor 1 **Joseph Walker**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Pennsylvania**

Case number **19-12097**
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Car technician

Employer's name

Jiffy Lube

Employer's address

5010 City Ave
Number Street

Number Street

Philadelphia, PA 19131

City State ZIP Code

City State ZIP Code

How long employed there? One year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$1,649.31 \$0.00

3. Estimate and list monthly overtime pay.

3. + \$9.04 + \$0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$1,658.35 \$0.00

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$1,658.35	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$159.16	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.99	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$160.15	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,498.20	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: See Attachment 1	8h. + \$700.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$700.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,198.20	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$2,198.20	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: See Attachment 2		Combined monthly income

Attachment
Debtor: Joseph Walker Case No: 19-12097

Attachment 1

Contribution from Tina Sloan, mother of debtor's daughter with whom debtor lives

Attachment 2

Debtor expects to receive a raise in the next within the few months of about \$1.50 an hour which will increase his income by more than 10%. He expects another similar raise abut 6 months after that.

Fill in this information to identify your case:

Debtor 1 Joseph Walker
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

15

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$0.00

4a. \$84.80

4b. \$100.00

4c. \$20.00

4d. \$0.00

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) **19-12097**

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$150.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$80.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$100.00</u>
6d. Other. Specify: _____	6d. <u>\$0.00</u>
7. Food and housekeeping supplies	7. <u>\$425.00</u>
8. Childcare and children's education costs	8. <u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9. <u>\$50.00</u>
10. Personal care products and services	10. <u>\$75.00</u>
11. Medical and dental expenses	11. <u>\$13.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$125.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$30.00</u>
14. Charitable contributions and religious donations	14. <u>\$0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$0.00</u>
15b. Health insurance	15b. <u>\$0.00</u>
15c. Vehicle insurance	15c. <u>\$0.00</u>
15d. Other insurance. Specify: _____	15d. <u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b. Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c. Other. Specify: <u>Adequate Protection Payment to M&T Bank</u>	17c. <u>\$686.21</u>
17d. Other. Specify: <u>Add paymnt to M&T upon confirmation</u>	17d. <u>\$214.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. <u>\$0.00</u>
20b. Real estate taxes	20b. <u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) **19-12097**

21. **Other.** Specify: **See Attachment 1**

21. **+\$30.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$2,183.01

\$

22. **\$2,183.01**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$2,198.20**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$2,183.01**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$15.19**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Attachment
Debtor: Joseph Walker Case No: 19-12097

Attachment 1

Description: Cat Food and Kitty Litter

Amount: 20.00

Description: Daughter's School Uniforms

Amount: 10.00

Attachment 2: Additional Notes

Debtor lives with his daughter and the mother of his daughter. They share expenses and a contribution from his daughter's mother, including her food stamp income, is included as part of the household income.

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

<p>IN RE: Joseph Walker aka Joe Walker Debtor(s)</p> <p>M&T Bank</p> <p style="text-align: center;">Movant</p> <p style="text-align: center;">vs.</p> <p>Joseph Walker aka Joe Walker Respondent(s)</p>	<p>BK NO. 19-12097 MDC</p> <p>Chapter 13</p> <p>Hearing Date: 07/25/19</p>
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**OBJECTION OF M&T BANK
TO CONFIRMATION OF CHAPTER 13 PLAN**

M&T Bank (hereinafter Secured Creditor), objects to confirmation of Debtor's Chapter 13 plan and asserts in support of its Objection as follows:

1. On June 10, 2019, Secured Creditor filed a secured proof of claim setting forth the total debt in the amount of \$175,839.58 and pre-petition arrears in the amount of \$111,376.25.
2. Debtor's Plan provides for payment in the amount of \$54,000.00 to be paid directly to Secured Creditor.
3. Debtor's Plan understates the amount of the Secured Creditor's claim by \$121,839.58, and does not provide sufficient funding to pay said claim including present value interest.
4. Further, Debtor's Plan states that he intends to file an adversary action regarding Secured Creditor's claim.
5. To-date, no adversary action has been filed.
6. The adversary action is remote and speculative.
7. Accordingly, Debtor's Plan is not feasible, as it does not fully compensate the Secured Creditor.
8. In addition, the Debtor's Plan fails to comply with 11 U.S.C. §§ 1322 and 1325.

WHEREFORE, the Secured Creditor, M&T Bank, prays that the Court deny confirmation of the Debtor's Plan.

Respectfully submitted,

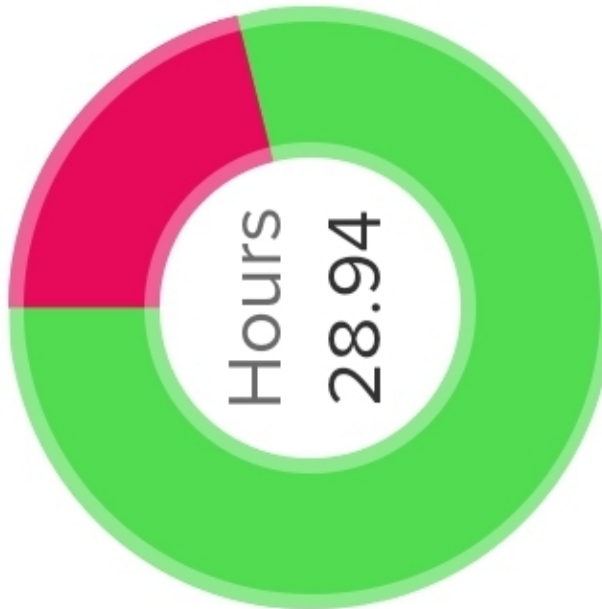
Date: July 11, 2019

By: /s/ Rebecca A. Solarz, Esquire

Rebecca A. Solarz, Esquire
KML Law Group, P.C.
BNY Mellon Independence Center
701 Market Street, Suite 5000
Philadelphia, PA 19106
215-627-1322
Attorney for Movant/Applicant



Pay



Mar 19, 2020
Take Home
\$287.20
Gross Pay
\$361.75

**Pennsylvania
Housing Finance Agency**

Payments: 211 North Front Street, P.O. Box 15206
Harrisburg, PA 17105-5206
Correspondence: 211 North Front Street, P.O. Box 15530
Harrisburg, PA 17105-5530
(717) 780-3940 1-800-342-2397 FAX (717) 780-3995
TTY (800)-654-5984

11/04/2020

ACQUAN WATSON
1419 68TH AVE
PHILADELPHIA, PA 19126

RE: **CONDITIONAL PMAP APPROVAL**
SUBJECT TO AVAILABILITY OF FUNDS
PMAP Account Number: HE0003565405

Dear Homeowner:

Your application for assistance through the PANDEMIC MORTGAGE ASSISTANCE PROGRAM (PMAP) has been **APPROVED**. The PMAP grant will assist the following mortgage(s).

1. WELLS FARGO HOME MORTGAGE
ATTN: THERESA AGUILAR SDDMT-MAC T7405-019
4101 WISEMAN BLVD, BLDG 106
SAN ANTONIO, TX 78251-4200

THE TERMS AND CONDITIONS OF YOUR GRANT APPROVAL ARE AS FOLLOWS:

PAYMENT: Assistance will include payment of the monthly amortized mortgage payments only at a maximum amount of assistance of \$1,000 per month, per mortgage during the eligible timeframe noted. PMAP does not allow for payment of late charges, legal fees, property inspections or any other fees owed to the mortgagee for the applicable time period.

ASSISTANCE PERIOD: The approved PMAP assistance period will cover mortgage payments from 6/1/20 through 11/30/20. The assistance period may change as the homeowner's income or eligibility changes.

LENDER ATTESTATION: Lenders will be sent a PMAP Verification Form to be completed. The completed verification must show the current status of the mortgage. Effective 10/17/20, lenders are no longer required to release homeowners of any money owed in excess of the amount received under PMAP. That means that homeowners will be obligated to pay any outstanding amounts in excess of the amount paid by PMAP to their lender if the lender requires it. An itemization form will also be sent to the lender with the PMAP payment noting that processing of the check indicates the lender's agreement to apply the funds to mortgage payments only and for the designated time period indicated on the itemization.

GRANT: The award of PMAP assistance must be evidenced by an Acknowledgement that will be sent to you at a later date for signature and which you must return to the Agency as soon as possible. Failure to timely return the executed Acknowledgement may result in rescission of the conditional PMAP approval.

INCOME/CONTACT CHANGES: You must notify us in writing of any changes to the household income throughout the time you are receiving PMAP assistance, as well as changes in your phone number(s), address or email address.

WITHDRAWAL/CANCELLATION: You may withdraw your PMAP application or cancel the conditional PMAP approval at any time prior to the disbursement of funds. Please notify us in writing immediately if you no longer wish to proceed with the grant.

AVAILABILITY OF FUNDS: This PMAP grant is funded with Federal funds, which are limited in the amount available and the timeframe during which the funds can be used and applied. This approval is, at all times, subject to the availability of such funds.

IMPORTANT:

DISBURSEMENT DATE: All payments under PMAP must be disbursed no later than 11/30/2020. Time is of the essence.

Subject: FW: PMAP - Joseph Walker App ID # 8826

Date: Wednesday, December 2, 2020 at 4:39:00 PM Eastern Standard Time

From: Joyce Smith

To: Irwin Trauss

Joyce Smith

Paralegal Consumer Housing Unit (working remotely – Tuesday, Wednesday, Thursday only)

Philadelphia Legal Assistance

718 Arch Street, Suite 300N

Phila., PA 19106-1535

215-981-3824 (leave a message with best time to return call)

215-981-3970/60 (fax)

www.philalegal.org

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From: Toia, Lori <ltoia@phfa.org>

Sent: Wednesday, December 2, 2020 4:38 PM

To: Joyce Smith <jsmith@philalegal.org>

Subject: RE: PMAP - Joseph Walker App ID # 8826

Hi Joyce. Unfortunately, M&T notified us that they were unable to able to apply the PMAP funds to the specified assistance period of 3/2020 – 8/2020 since the delinquency goes back to prior to March 2020. PMAP funds must be applied to months owed between March 2020 and December 2020 (up to a maximum of 6 months).

I'm sorry we couldn't assist. A rescission letter was sent on 11/25/2020.

Lori Toia

Director of HEMAP

Pennsylvania Housing Finance Agency

Phone: 717.780.3945 | Fax: 717.614.2744

800.342.2397

www.phfa.org

All PHFA housing programs are fully operational during the pandemic.

From: Joyce Smith <jsmith@philalegal.org>

Sent: Wednesday, December 2, 2020 4:19 PM
To: Toia, Lori <ltoia@phfa.org>
Subject: PMAP - Joseph Walker App ID # 8826
Importance: High

IMPORTANT - External Email - Please use caution.

Joseph Walker
6715 Haverford Ave
Phila., PA 19151

Good Afternoon Ms. Toia

Our client received a PMAP notice that money was being sent to his lender; however the amount was not set forth. We have a bankruptcy hearing tomorrow (12/3/2020) on a motion for relief and need to verify that the Lender MT&T bank received the money.
We would appreciate your assistance in this critical situation.

Thank for your assistance.

Joyce Smith
Paralegal Consumer Housing Unit (working remotely – Tuesday, Wednesday, Thursday only)
Philadelphia Legal Assistance
718 Arch Street, Suite 300N
Phila., PA 19106-1535
215-981-3824 (leave a message with best time to return call)
215-981-3970/60 (fax)
www.philalegal.org
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**Pennsylvania
Housing Finance Agency**

**Homesteaders' Emergency
Mortgage Assistance Loan Program**
Payments: 211 North Front Street, P.O. Box 15206
Harrisburg, PA 17105-5206
Correspondence: 211 North Front Street, P.O. Box 15628
Harrisburg, PA 17105-5528
(717) 780-3940 1-800-342-2397 FAX (717) 780-3995
TTY (800) 654-5984

STATEMENT OF CREDIT DENIAL, TERMINATION OR CHANGE

11/25/2020

JOSEPH WALKER
6715 HAVERFORD AVENUE
PHILADELPHIA, PA 19151

PMAP Account Number: HE0003589165

REQUESTED CREDIT: PANDEMIC MORTGAGE ASSISTANCE PROGRAM

Adverse Action Taken: **CHANGE/LOAN RESCISSION**

Principal Reason(s) for Adverse Action Concerning Credit:

1. Lender has notified the Agency that they cannot apply the approved PMAP payments to the designated months and cannot, therefore, agree to the terms of PMAP. There are payments owed prior to the PMAP assistance period.

The issuance of PMAP is contingent upon the lender's acceptance of the PMAP Guidelines and criteria. If the denial is based upon your lender's indication that it will not agree to the terms of the Programs, the Agency will not be able to alter its decision regarding PMAP assistance.

You are entitled to an appeal hearing if you disagree with your PMAP eligibility determination. Please note that in determining PMAP eligibility, PHFA is required to follow the criteria delineated in Act 24 of 2020. The PMAP Guidelines can be found on PHFA's website at <http://www.phfa.org>. Appeal requests must be made in writing and must be submitted within five (5) days of the postmark date of this letter. You must state the reasons for your request and include documentation/information to support your request. Please include your name, PMAP account number and a phone number where you can be reached during the day. Your request may be faxed to the attention of Chief Counsel, Appeal Hearing Request at 717-780-4031 or mailed to Chief Counsel PMAP Appeal Hearing Request, PHFA/PMAP, P.O. Box 15628, Harrisburg, PA 17105-5628. You have the right to be represented by an attorney in connection with your appeal hearing. Although legal representation is not required, if you cannot afford an attorney and would like one, you may be eligible for Legal Services representation. You can contact a Legal Services representative toll-free at 1-800-322-7572 for a referral to the office for the county in which you live.

DISCLOSURE OF USE OF INFORMATION OBTAINED FROM OUTSIDE SOURCE:

1. Disclosure inapplicable.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C.

Sincerely,

THE PENNSYLVANIA HOUSING FINANCE AGENCY

prchange/dtmdocs/HEMAP/

July 2020

Walker Proffer 000013

**Pennsylvania
Housing Finance Agency**

Payments: 211 North Front Street, P.O. Box 15206
Harrisburg, PA 17105-5206
Correspondence: 211 North Front Street, P.O. Box 15530
Harrisburg, PA 17105-5530
(717) 780-3940 1-800-342-2397 FAX (717) 780-3993
TTY (800)-654-5984

11/25/2020

JOSEPH WALKER
6715 HAVERFORD AVENUE
PHILADELPHIA, PA 19151

RE: Rescission of Approval
Pandemic Mortgage Assistance Program
PMAP Account Number: HE0003589165

Dear Homeowner:

Due to a change in circumstances since the initial approval for a grant through the PANDEMIC MORTGAGE ASSISTANCE PROGRAM, the Pennsylvania Housing Finance Agency is rescinding your approval.

Enclosed please find a Rejection Notice indicating the Agency's final decision.

Sincerely,

THE PENNSYLVANIA HOUSING FINANCE AGENCY

Enclosure

ERIE UC SERVICE CENTER
1316 STATE ST
ERIE PA 16501-1916
PHONE NO.: 888-313-7284
FAX NO.: 814-871-4863



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

DATE MAILED
JUL 07, 2020

NOTICE OF FINANCIAL DETERMINATION

THIS FINANCIAL DETERMINATION ALONE DOES NOT ENTITLE YOU TO BENEFITS. A REVIEW OF YOUR EMPLOYMENT HISTORY AND PRESENT STATUS MUST ALSO BE MADE TO DETERMINE WHETHER YOU MEET ALL OF THE ELIGIBILITY REQUIREMENTS SPECIFIED IN THE LAW.

JOSEPH WALKER
6715 HAVERFORD AVE
PHILADELPHIA PA 19151

SOC. SEC. ACCT. NO. 194-56-8902	
OFFICE USE ONLY	
AB 06/28/20 UC	
CODE 1	MAX. WKS. 26
PBC 75 WBR 248A*MBA	6448
NO. DEP. 0	WDA 0 MDA 0
SX-1	OFFICE NO. 0993

Dear MR. WALKER:

You recently filed an application for unemployment compensation benefits with the Office of UC Benefits. This financial determination notifies you that you are financially eligible for benefits. Your financial eligibility is based on the wages you were paid and the credit weeks you earned during your base year (the first four of the last five completed calendar quarters immediately prior to filing your claim) which is from **JAN 01, 2019** to **DEC 31, 2019**.

Our records show that during your base year, wages were reported by the following employer(s):

During your base year, wages were reported by the following employer(s):								
Employer(s)	Employer(s) Acct. Number	Plant No.	Breakdown of Base-Year Wages by Quarter				Total Wages Paid	Credit Weeks
			1-19	2-19	3-19	4-19		
TEAM CAR C OAK RESTAU	76-08289 86-01310		3,912	6,293	5,803	5,353	21,362 867	
			867	0	0	0		
Totals			4,779	6,293	5,803	5,353	22,229	50

Your weekly benefit rate (WBR) is determined by dividing your total wages by 52 weeks.

Your weekly benefit rate (WBR) is determined to be **\$248** based on a comparison of your highest quarter wages and your total base-year wages to the table for "Rate and Amount of Benefits". Your highest quarter (rounded to the nearest dollar) was the **2ND** quarter of **2019** when you were paid wages of **\$6,293**. Your total base-year wages were **\$22,229**.

Your benefit year provides you with a 52-week period beginning with the date of your application for unemployment compensation benefits. During this period, you may be entitled to benefits for those weeks when you are unemployed and meet the eligibility requirements of the Pennsylvania Unemployment Compensation (UC) Law. Your benefit year begins **JUN 28, 2020** and ends **JUN 26, 2021**.

The maximum number of full weeks of benefits you may be eligible to receive is determined by the number of credit weeks you had in your base year. Since you had **50** credit weeks, you qualify for **26** weeks of full benefits during your benefit year. Your maximum benefit entitlement during the benefit year is determined by multiplying your weekly benefit rate by the maximum number of full weeks available to you. Your maximum benefit entitlement is \$ 6,448.

If your work hours are reduced due to lack of work, you may qualify for partial benefits. The Partial Benefit Credit (PBC) on your application is **\$ 75**. During a claim week, if you earn more than your PBC but less than **\$323** you may qualify for partial benefits. YOU ARE REQUIRED TO REPORT ALL GROSS EARNINGS DURING ANY WEEK THAT YOU ARE FILING FOR BENEFITS REGARDLESS OF WHETHER THE AMOUNT IS ABOVE OR BELOW YOUR PARTIAL BENEFIT CREDIT. For further information about the PBC, see the reverse side.

Also, you will receive an additional **\$ 0** dependent's allowance for each week claimed during your benefit year. This allowance is for **0** dependent(s). The maximum amount of dependent's allowance available to you during the benefit year is **\$ 0**.

* The Law provides for a benefit reduction when required for UC fund solvency. Beginning January 1, 2018 a 2.4% benefit reduction will be in effect for weeks ending on or after January 6, 2018. For compensable weeks ending on or prior to December 30, 2017 the benefit reduction of 1.7% will remain unchanged.

Right of Appeal - The last day to timely appeal this determination is: **JUL 22, 2020**. If you disagree with this determination, you may appeal. If you want to file an appeal, you must do so on or before the date shown above. For appeal information and instructions, see enclosed Form UC-47, APPEAL INSTRUCTIONS.

< 90831



Saturday, December 19, 2020



On [12/19/2020](#),
\$1080.00 was loaded
onto your ReliaCard
card. Your available
balance is now
\$1107.33. Quit? Txt
STOP. Help? Txt HELP



< 90831



On [12/19/2020](#),
\$1080.00 was
loaded onto your
ReliaCard card. Your
available balance is
now \$2187.33. Quit?
Txt STOP. Help? Txt
HELP

3:00 AM




[FAQs](#)

1/8/2021 10:24 AM

BENEFIT PAYMENT HISTORY

Important

If the Method of Payment is blank for recently processed weeks, we are in the process of updating our database. Please visit us again today after 3:00 PM. If 10 days or more have elapsed from the Payment Issue Date and you have not received the check, click on the "Check" hyperlink for the week you feel you may be missing to learn of the status of payment.

These payments may reflect amounts paid below your weekly benefit rate because of Federal Withholding, Support Withholding, and similar type deductions as shown, if applicable. Click on [Remaining Balance](#) for more information.

ATTENTION: You can check if your UC benefits are available to you now. Debit card users can login to www.usbankreliacard.com or by calling US Bank directly at 888-233-5916 in order to obtain payment information such as account balance, transaction history, etc. Direct deposit users should contact their financial institution in order to obtain information on deposited benefits by any of the following methods available: online, mobile banking, ATM network, self-service telephone, customer service lines.

Payments are generally available within two business days of the Payment Issue Date. For example, if the Payment Issue Date is Monday begin checking with US Bank or your financial institution on Wednesday. Please note that holidays and weekends will cause delays in payment availability.

Claimant Name

JOSEPH WALKER

Social Security Number

XXX-XX-8902

AB Date

06/28/2020

Program Type

UC

Week Ending Date ⓘ	Payment Number	Status	Amount Paid ⓘ	Method of Payment	Payment Issue Date ⓘ
01/02/2021		Benefit Reduction ⓘ	\$6.00		
01/02/2021	00020513	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
01/02/2021	09999991	Federal Withholding ⓘ	\$25.00		
12/26/2020	09999991	Federal Withholding ⓘ	\$25.00		
12/26/2020	00020512	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
12/26/2020		Benefit Reduction ⓘ	\$6.00		
12/19/2020		Benefit Reduction ⓘ	\$6.00		
12/19/2020	00020512	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
12/19/2020	09999991	Federal Withholding ⓘ	\$25.00		
12/12/2020	09999991	Federal Withholding ⓘ	\$25.00		
12/12/2020	00020510	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
12/12/2020		Benefit Reduction ⓘ	\$6.00		
12/05/2020		Benefit Reduction ⓘ	\$6.00		
12/05/2020	00020510	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
12/05/2020	09999991	Federal Withholding ⓘ	\$25.00		
11/28/2020	09999991	Federal Withholding ⓘ	\$25.00		
11/28/2020	00020508	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021

Walker Proffer 000018

Week Ending Date ⓘ	Payment Number	Status	Amount Paid ⓘ	Method of Payment	Payment Issue Date ⓘ
11/28/2020		Benefit Reduction ⓘ	\$6.00		
11/21/2020		Benefit Reduction ⓘ	\$6.00		
11/21/2020	00020508	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
11/21/2020	09999991	Federal Withholding ⓘ	\$25.00		
11/14/2020	09999991	Federal Withholding ⓘ	\$25.00		
11/14/2020	00020506	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
11/14/2020		Benefit Reduction ⓘ	\$6.00		
11/07/2020		Benefit Reduction ⓘ	\$6.00		
11/07/2020	00020506	Paid ⓘ	\$217.00	Debit Card ⓘ	01/08/2021
11/07/2020	09999991	Federal Withholding ⓘ	\$25.00		
08/22/2020	09999991	Federal Withholding ⓘ	\$25.00		
08/22/2020	06542474	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
08/22/2020		Benefit Reduction ⓘ	\$6.00		
08/15/2020		Benefit Reduction ⓘ	\$6.00		
08/15/2020	06542474	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
08/15/2020	09999991	Federal Withholding ⓘ	\$25.00		
08/08/2020	09999991	Federal Withholding ⓘ	\$25.00		
08/08/2020		Benefit Reduction ⓘ	\$6.00		
08/08/2020	06542472	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
08/01/2020	06542472	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
08/01/2020		Benefit Reduction ⓘ	\$6.00		
08/01/2020	09999991	Federal Withholding ⓘ	\$25.00		
07/25/2020	09999991	Federal Withholding ⓘ	\$25.00		
07/25/2020		Benefit Reduction ⓘ	\$6.00		
07/25/2020	06542470	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
07/18/2020	06542470	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
07/18/2020		Benefit Reduction ⓘ	\$6.00		
07/18/2020	09999991	Federal Withholding ⓘ	\$25.00		
07/11/2020	09999991	Federal Withholding ⓘ	\$25.00		
07/11/2020		Benefit Reduction ⓘ	\$6.00		
07/11/2020	06542468	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
07/04/2020	06542468	Paid ⓘ	\$217.00	Debit Card ⓘ	12/12/2020
07/04/2020		Benefit Reduction ⓘ	\$6.00		
07/04/2020	09999991	Federal Withholding ⓘ	\$25.00		